

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Douglas M. Carson

Application No.: 10/779,437

Filed: 02/13/04

For: IDENTIFIER TAG TO TRACK LAYERS IN A MULTI-LAYER OPTICAL DISC

CERTIFICATE OF EFS SUBMISSION (37 C.F.R. § 1.8(a)(i)(1)(C))

I hereby certify that on March 2, 2009 the following correspondence:

Name of Paper: Response to Office Action and transmittal

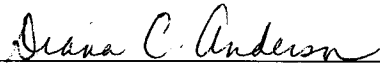
Number of Pages: 13

Fees: Extension of Time

Amount: \$1,110.00

Payment By: Credit Card

is being submitted to the Patent and Trademark Office via the Office Electronic Filing System in accordance with § 1.6(a)(4) at _____ local time.



Signature

Telephone Number: 405-232-0621

Diana C. Anderson

Type or print name of person certifying

NOTE: It is advisable to keep a copy of certification of EFS-Web transmission § 1.8), including the list of papers submitted, to establish the local time of the submissions if such evidence is needed

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Douglas M. Carson**
 Application No.: **10/779,437** Group No.: **2627**
 Filed: **02/13/2004** Examiner: **Henok G. Heyi**
 For: **IDENTIFIER TAG TO TRACK LAYERS IN A MULTI-LAYER OPTICAL DISC**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:
Fee: \$1,110.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	30	— 31	= 0	x \$ 52.00	= \$	0.00	
INDEP.	4	— 4	= 0	x \$ 220.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 0.00	= \$	0.00	
				TOTAL ADDIT. FEE	\$	0.00	

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$1,110.00 to Credit card as shown on the attached electronic credit card information authorization.

Charge any additional fees required by this paper or credit any overpayment to Deposit Account 06-0540.

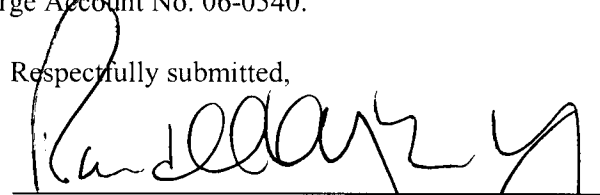
FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 06-0540.
If an additional fee for claims is required, charge Account No. 06-0540.

Date: _____

3/2/09

Respectfully submitted,



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